

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 529308

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	2		1			
6	①		1			
7	①		1			
8	1		1			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
14	①		1			
15	①		1			
16	①		1			
17	①		1			
18	①		1			
19	①		1			
20	1		1			
21	1		1			
22	1		1			
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48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21	←	25	←		←
TOTAL CLAIMS	24		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						